INTERNATIONAL BUDDHIST COLLEGE (THAILAND)
国 际 佛 教 大 学（泰 国）
Tel/Fax : (+66) 044 452 521 : Web site : www.ibc.ac.th

HEALTH CERTIFICATE
(To be completed by Parents/Guardian)

PRIVATE & CONFIDENTIAL

Name of student: _____

Date of birth: _____/_____/_____

Sex: ☐ **Female** ☐ **Male**

Religion: _____

Address: _____

_____

MEDICAL HISTORY

Any recent illness ? *(If yes, please give detail):* _____

_____

Past History of child: _____

_____

Any serious illness or disorders in the family ? *(If yes, please give detail)*

_____

_____

Any allergies ? *(If yes, please give detail)*_____

_____

Any disturbing social habits ? e.g Tobacco: ☐ Yes ☐ No Drugs: ☐ Yes ☐ No

Alcohol: ☐ Yes ☐ No Others:_____

Immunizations: _____

Derails of any medication/ drugs the student is currently taking:

_____

_____

PARENTS ARE STRONGLY ADVISED TO HAVE THEIR CHILDREN IMMUNISED.
P.S THIS FORM IS TO BE RETURNED TO REGISTRAR BEFORE COMING TO IBC.